(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 23 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist((s)Ca	amille	Cooper			DEFACTIVE
II. Name of lobbyist	's partnership, firm o	r corpo	ration, if an	y:		
National As	sociation to Pr	otect	Children	ı		
(Nai	me of partnership, firm or	corpora	tion)			
PO Box 2187	,	K	noxville	TN		37901
Business Address: (St	reet)	(Town/City)		(St	ate)	(Zip Code)
(865) 525-0901	L ()	N/A	e-mail	jennif	erallen@protect.org
(Telephone)	<u>L</u> (/	(Fax)	•		
reportable expense t	overs: (Choose one – ransactions which are assections occurring in t	e not att	ributable to	any one client).	·	y file a separate report for
·	Association to		•			c construing change
	(Full Name of Client a		<u>—</u> ——		orm)	
<u>OR</u>						
☐ All reportable tran unrelated to any partic		t (includ	ling the lobb	yist's family), or tl	ne lobbying	firm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017 [] ty from date of registration to 3/31.		31/17	July 26, 2017 activity from 4/1/17 to 6/30/17		
	October 25, 2017 activity from 7/1/17 to 9			January 31 activity from 10/1.		/17
	n no fees received a complete just this form					ne last report. ① tate House, Room 204,
VI. Check if addition	nal reports are attach	ed:				
	ed fees or made exper		you must fil	e Addendum A– l	Fees and Ex	kpenses .
☐ If you have paid a Expense Reimbursem		oursed e	xpenses, you	must file Addend	um B – Rej	port of Honorariums or
☐ If you, your firm,	or your family has ma	de politi	ical contribu	tions, you must file	Addendu	m C- Political Contribution
I have read RSA 18, F	Firmation by Lobbyis RSA 15-18, RSA 14-0 a est of my knowledge a	and RSA		reby swear or affire	m that the f	oregoing information is true
			_	10-1	0-17	
(Signature of lobbyis	t)			-	(Dat	e)
Camille Coop	per					

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Camille Cooper		
II. Name of lobbyist's partnership, firm or corporation, if any:		
National Association to Protect Children		
(Name of partnership, firm or corporation)		-
III. Name of Client National Association to Protect Childre	en_Date	10-10-17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period	relations ss fee an a) \$, or public relations serv
(This should equal the total of all prior monthly reports for this calendar ye		
c) Total of all fees received to date (Add lines a and b)	c) \$	1,514
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$_	0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and nay be fi aggrega spenses; (e: meals ss than \$1 d with a rting perior of gre- er than \$2 expense	if expenditures are made iled for the lobbyist(s)/fit the total of all expenses p (b) the aggregate total of purchased during a busin 10 that is given to the per value of \$25.00 or less); iod of greater than \$25.00 ater than \$25, purchase of 25, but not greater than \$25 the reimbursement, or politically and the serious properties.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	247
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	247
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	1,467
f) Total of all expenses year to date	f) \$	1,714
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading on the period, including by whom paid or to whom charged.	obbying fee	es during this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15 B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the	foregoing information
	10	-10-17
(Signature of lobbyist)	-	(Date)
Camille Cooper		
(Print Name of lobbyist)		